

VENEREAL DISEASE IN THE FEMALE*

BY

M. CARDIA AND A. DA FONSECA

Central Social Hygiene Dispensary, Oporto, Portugal

The official statistical data on venereal diseases show a general decline in their incidence in women, which is not very reliable from the epidemiological point of view. This has arisen chiefly because the symptoms of venereal disease are not usually so noticeable as to necessitate a visit to the doctor. The infection is nearly always noticed by chance in the course of a medical examination undertaken for some other reason, and is therefore treated in various medical departments, chiefly in the gynaecological clinics. However even the gynaecologist may fail to notice the symptoms if he is not making a special search for them, either because the patient does not offer any information or because he wishes to spare her the embarrassment of a prolonged investigation.

In the gynaecological department of the Central Social Health Clinic in Oporto†, one of the chief

interests is the diagnosis of venereal disease, and all the patients are tested whatever the reason for their attendance at the clinic.

Routine investigations include a detailed local examination, and the taking of swabs for gonococcus and trichomonal tests, and of serum samples for syphilis tests.

During the last 5 years, 1954–1958, a total of 10,547 patients attended the clinic for various gynaecological disorders, and 4,202 were found to be suffering from venereal disease. In this large number, amounting to 39·8 per cent. of the total, trichomonas vaginitis accounted for 29·1 per cent. The various venereal diseases are discussed separately below.

Syphilis.—572 (5·5 per cent.) were sero-positive. The numbers fluctuated each year (see Table).

568 of these positive sero-reactions were found in patients with no symptoms of syphilis, and a diagnosis of latent syphilis was recorded. Three patients had secondary syphilis, and one showed symptoms of primary syphilis.

An analysis by age groups is shown in the Table.

TABLE

Venereal Disease		Syphilis	Gonorrhoea	Soft Chancre	Lympho-granuloma Inguinale	Trichomonas vaginitis	Total
Total Incidence 1954–58	Number	572	485	71	2	3,072	4,202
	Per cent. Total Patients Attending Clinic . .	5·5	4·6	0·6	—	29·1	39·8
Percentage Annual Incidence	1954	4·4	5·7	0·5	1 case	22·1	—
	1955	3·4	5·8	0·8	1 case	28·2	
	1956	6·4	5·2	0·8	—	31·9	
	1957	8·0	2·5	0·6	—	32·1	
	1958	4·4	3·7	0·9	—	31·4	
Age Group Patients (Per cent.)	Under 21	0·2	25·7	—	—	4·9	—
	21–30	26·3	47·0	—	—	31·3	
	31–40	37·8	15·6	—	—	30·5	
	41 and Over	35·7	11·7	—	—	33·3	

* Read to the General Assembly of the I.U.V.D.T. in London on October 15, 1959.

† This is a large department which deals with women suffering from every kind of genital disease. It works in close cooperation with the dermatological department at the same clinic.

Gonorrhoea.—485 patients (4.6 per cent.) of the total were found to have gonorrhoea. The annual incidence and analysis by age groups are given in the Table, which shows, as is only to be expected, that gonorrhoea was seen more often in young women and latent syphilis more often in older women.

Soft Chancre.—This was found in 71 patients (0.6 per cent.) The annual level is shown in the Table.

Lymphogranuloma Inguinale.—One patient was discovered in 1945 and one in 1955.

Trichomonas Vaginitis.—This disease is a severe scourge in Portugal, because of the painful symptoms and the difficulty experienced in effecting a cure. We found 3,072 cases of this disease, 29.1 per cent. of the total number who attended the clinic. The numbers rose slightly at the beginning of the 5-year period but have been fairly stable since 1956 (Table).

An analysis of the cases by age shows that the infection appears during the woman's sexual maturity and may persist almost all her life (Table).

Summary and Conclusions

The incidence of syphilis shows a tendency to become stabilized, and is most common in women aged between 31 and 40 years. Nearly all the patients were unaware of their condition because the disease was in the latent stage. This is important in the epidemiology of syphilis and is related to the social class of the women attending the clinic.

The incidence of gonorrhoea is falling. It is most frequent among women aged between 21 and 30 years.

Soft chancre is fairly infrequent and the incidence is steady.

Lymphogranuloma inguinale is of no importance epidemiologically.

Trichomonal infection is very common and the incidence is steady and evenly spread among women of all ages above 21 years.

It is clear that any clinical examination of a woman must take the possibility of venereal disease

into account. Because these diseases tend to be asymptomatic in women it is to be expected that they should go unnoticed, as in many of the cases discovered at our clinic, where almost all the patients had attended for conditions quite unconnected with venereal disease.

Les maladies vénériennes chez la femme

Résumé et Conclusions

L'identification des maladies vénériennes dans le Service de Gynécologie du Dispensaire Central d'Hygiène Sociale de Porto, au cours des cinq années, 1954 à 1958, a permis de vérifier ce qui suit :

(1) La syphilis, qui a été diagnostiquée dans 8,5 pour cent, montre une tendance à la stabilisation, avec une incidence particulière entre 31 et 40 ans (37,8 pour cent). La presque totalité des malades ignoraient qu'elles étaient atteintes de cette maladie, puisqu'elles l'avaient sous une forme latente. Cet état de chose mérite d'être souligné dans l'étude épidémiologique générale de la maladie, en relation avec la situation sociale des femmes qui fréquentent ce Dispensaire.

(2) La blennorragie a été enregistrée dans 4,6 pour cent, avec une tendance à décliner. C'est entre 21 et 30 ans qu'elle est le plus répandue (47,0 pour cent).

(3) Le chancre mou a été diagnostiqué dans 0,6 pour cent avec une tendance à la stabilisation.

(4) Maladie de Nicolas-Favre ne présente pas d'intérêt épidémiologique puisqu'il n'a été vérifié que deux cas.

(5) Trichomonase a été diagnostiquée dans 29,1 pour cent avec une tendance évidente à la stabilisation. En ce qui concerne l'âge des malades, il a été constaté que la maladie est particulièrement fréquente après 21 ans et qu'elle se maintient également dans les âges suivants.

On peut en déduire qu'à l'examen clinique d'une femme il faudra tenir compte de l'existence éventuelle de maladies vénériennes, principalement de la syphilis et qu'il conviendra de l'observer dans ce sens.

Etant donné que ces maladies ont tendance à prendre chez la femme la forme latente, il n'est pas étonnant qu'elles passent inaperçues, comme il arriva pour la quasi totalité des femmes qui se présentèrent au Service de Gynécologie du Dispensaire Central d'Hygiène Sociale de Porto, pour cause de troubles gynécologiques, dont la plupart n'avaient aucun rapport avec les maladies vénériennes.